

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034317

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED SEP 4 1963

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN Clayton

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY

OR  
TOWN Florissant

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION St. Louis Co., Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

3100 Parker Rd.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

MYRELL

Middle

C.

Last

CARR

4. DATE

OF

DEATH

Month

Day

Year

August 19th, 1963

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☒Widowed ☐Never Married ☐Divorced ☐

## 8. DATE OF BIRTH

2/20/21

## 9. AGE (last birthday)

42

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

civil service

10b. KIND OF BUSINESS OR INDUSTRY

ESCO

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

William Carr

## 13b. MOTHER'S MAIDEN NAME

Florence Graf

## 14. NAME OF HUSBAND OR WIFE

Constance Carr

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

WW 2

(37-619-251)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Constance Carr, 3100 Parker Rd.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Gunshot wound in roof of mouth

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN  
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Self inflicted gunshot wound

20c. TIME OF

INJURY

Hour

Minute

Month, Day, Year

6:30

PM

8/19/63

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

den, at home

20f. CITY, TOWN, OR LOCATION

Florissant

COUNTY

St. Louis

STATE

Missouri

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_, and last saw him alive on \_\_\_\_\_.  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Coroner

## 22b. ADDRESS

Clayton, Missouri

## 22c. DATE SIGNED

8/23/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

burial

## 23b. DATE

8/22/63

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis Co. Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

DIEDRICH FUNERAL HOME, 8319 Hallsferry

## 25. DATE RECD. BY LOCAL REG.

8-21-63

## 26. REGISTRAR'S SIGNATURE

J. M. Murphy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1 4/002

2 4/013

3

4 0

5 1

6

7 0

8 2

9 976X

10

11

12 453

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.